

Article IV

QUALITY ASSURANCE

Quality Assurance (QA) provides a means by which the Local Education Agency (LEA) participates in the review of the Medicaid programs of the LEA or subcontractor by the SDE to evaluate quality of services, adherence to Medicaid policy and procedure, and contract compliance. QA efforts are conducted through the coordinated efforts of the Provider, the South Carolina Department of Health and Human Services (DHHS), and SDE as contractor with DHHS.

As a result of QA Sections A or B, Corrective Action Plans may be requested by DHHS. This does not replace the standard Inspection of Records as stated in the Contract between DHHS/LEAs.

A. Quality Assurance Process by SDE

- 1) The provider agrees to allow a representative from the State Department of Education to conduct a Quality Assurance Review at least once each year during the contract period. For each fiscal year period July 1 to June 30, the provider will, on or before March 31 schedule an appointment with SDE for an on-site Quality Assurance Visit to occur by May 31; provided, however, that if the provider does not schedule an on-site Quality Assurance Visit, then the provider will complete by May 31 of that year quality assurance self-assessments according to subsection B (Quality Assurance Self-Assessment Process).
- 2) The provider agrees to conduct a self-assessment of each program area in association with the SDE On-site review that shall consist of the following components:
 - a) Examination of a random sampling of records. This sample must include at least one record from each service area.
 - b) Examination of records related to School-District Administrative Claiming and Special Needs Transportation.
 - c) Assessment of compliance with Medicaid standards, policies and procedures.
 - d) Evaluation of credentials of staff involved in the provision of Medicaid-related services.
 - e) Review of the Medicaid billing operation.
- 3) The provider agrees to use an SDE and DHHS approved review tool that addresses each of the relevant QA components listed above.
- 4) The provider agrees to conduct and report the findings of the self-assessment within two weeks prior to the Quality Assurance visit by SDE. The provider agrees to submit to SDE a summary report of all findings to include an assessment of the quality of Medicaid-related services, compliance with Medicaid regulations and policies, identified deficiencies, and corrective action recommendations.
- 5) The Quality Assurance Visit
 - a) The provider agrees to provide a quiet working space for the SDE representative to conduct the quality assurance visit.

- b) The provider agrees to provide all necessary documents as requested by the SDE staff to conduct the review.
 - i) SDE will reasonably attempt to schedule visit prior to May 31
 - ii) Reviewing a representative sample of files during the visit
 - At least two files for each Rehabilitative Services
 - At Least one file for each Behavioral Health Service
 - Follow at least one claim back to its source
 - Pulling at least two random files upon arrival (in addition to the ones pulled by the district prior to our arrival)
- c) The provider agrees to have available all requested staff during the course of the quality assurance review. This may include the Special Education Director, Medicaid Coordinator, School-District Administrative Claiming personnel (including finance staff), and special needs transportation staff.
- d) An exit conference will be held with district and SDE staff to discuss the preliminary findings of the visit.
- 6) The Quality Assurance Report
 - a) The SDE will send a report to the LEA within 2 weeks of the completion of the visit. The report will outline deficiencies and other areas in need of improvement as well as strengths of the program.
 - b) The provider (LEA or subcontractor) agrees to take steps necessary to prevent reoccurrence of any deficiencies noted in the QA review. However, development of a written corrective action plan for SDE shall be required only when the QA review indicates that the following minimum requirements were not met:
 - 1) 100% of records reviewed contained a Release of Information form signed by the child's parent, guardian or other responsible party;
 - 2) 100% of the records reviewed contain an evaluation report with recommendations;
 - 3) 100% of records reviewed contain an IEP or IFSP, when the evaluation recommends therapy;
 - 4) 80% of records reviewed contain documentation that accurately describes the services rendered and supports the billing of those services to Medicaid;
 - 5) 100% of records reviewed for Audiology, Speech Language Pathology, Physical, and Occupational Therapy contain a written referral for those services signed by another licensed practitioner of the healing arts;
 - 6) 80% of records involving Audiology, Speech Language Pathology, Physical and Occupational Therapy contain timely Summaries of Progress.
 - 7) The written corrective action plan must be completed and sent to SDE within 4 weeks of receipt of the QA report.
 - 8) The Quality Assurance Representative from SDE will conduct appropriate follow-up within 90 days of the written QA report.

- 9) SDE agrees to conduct Quality Assurance reviews and submit, at a minimum, annually or as requested by SCDHHS, QA results and corrective action plans to SCDHHS.

B. The Quality Assurance Self-Assessment Process – If SDE does not conduct an on-site Quality Assurance Review then the district must comply with the following:

1. The provider agrees to ensure the provision of quality Medicaid services by conducting an internal QA review at least once each year during the contract period.
2. The provider agrees that each internal QA review shall consist of the following components:
 - a. Examination of a random sample of clinical records. This sample must be representative of all of the above-referenced rehabilitative services being rendered by the Provider and all subcontractors and must include at least ten (10) records per service. This sample must also be representative of all professional staff involved in service delivery.
 - b. Assessment of compliance with Medicaid standards, policies, and procedures.
 - c. Evaluation of credentials of staff involved in the provision of Medicaid-related services to ensure that each staff member meets Medicaid requirements.
 - d. Review of the Medicaid billing operation to assess efficiency, effectiveness and adherence to Medicaid policy.
 - e. Exit conference with appropriate staff to discuss findings and develop a corrective action plan if necessary.
3. The Provider agrees to utilize a review tool for internal QA review and onsite Subcontractor QA review that addresses each of the relevant QA components listed above. Said review tool shall be jointly developed by SCDHHS and SDE.
4. The provider agrees to take steps necessary to prevent reoccurrence of any deficiencies noted in the QA review. However, development of a written corrective action plan for SDE shall be required only when the internal QA review indicates that the following minimum requirements were not met:
 - a. 100% of records reviewed contained a Release of Information form signed by the child's parent, guardian or other responsible party;
 - b. 100% of the records reviewed contain an evaluation report with recommendations;
 - c. 100% of records reviewed contain an IEP or IFSP, when the evaluation recommends therapy;

- d. 80% of records reviewed contain documentation that accurately describes the services rendered and supports the billing of those services to Medicaid;
 - e. 100% of records reviewed for Physical and Occupational Therapy contain a written referral for those services signed by a licensed practitioner of the healing arts;
 - f. 80% of records involving Physical and Occupational Therapy contain timely Summaries of Progress.
- 5. The provider agrees to take steps necessary to prevent reoccurrence of any deficiencies noted in the Subcontractor QA review, including the provision of any technical assistance required. However, development of a written correction action plan for SDE shall be required only when the Subcontractor QA review indicates that the following minimum requirements were not met:
 - a. 100% of records reviewed contained a release of information form signed by the child's parent, guardian or other responsible party;
 - b. 100% of records reviewed contain an evaluation report with recommendations;
 - c. 100% of records reviewed contain an IEP or IFSP, when the evaluation recommends therapy;
 - d. 80% of records reviewed contain documentation that accurately describes the services rendered and supports the billing of those services to Medicaid;
 - e. 100% of records reviewed for Speech-Language Therapy and Physical and Occupational Therapy contain a written referral for those services signed by a licensed practitioner of the healing arts;
 - f. 80% of records involving Speech-Language Therapy, Physical and Occupational Therapy contain timely Summaries of Progress.
- 6. The provider agrees to submit to SDE a summary report of all findings following each internal QA review conducted during the contract period. Each report shall provide an assessment of the quality of Medicaid-related services, compliance with Medicaid regulations and policies, identified deficiencies, and corrective action recommendations. Each report shall also indicate any technical assistance requested from SDE. This report shall be due no later than May 31 of each fiscal year in the contract period. The review tool jointly developed by SDE and SCDHHS, along with any written corrective action plan, if any, may be submitted as the summary report.
- 7. The SDE agrees to submit to SCDHHS a summary report of all findings following internal QA reviews conducted during the contract period. The report shall provide an assessment of the quality of Medicaid-related services, compliance with Medicaid regulations and policies, identified deficiencies, and corrective action

recommendations. The report shall also indicate any technical assistance requested from SDE. This report shall be due no later than June 30 of each fiscal year in the contract period. The review tool jointly developed by SDE and SCDHHS, along with any written corrective action plan if any, may be submitted as the summary.

C. Quality Assurance by SCDHHS for Psychosocial Rehabilitation Services (PRS), Therapeutic Behavioral Services (TBS), Community Based Wraparound Services (WRAPS), Medicaid Adolescent Pregnancy Prevention Services (MAPPS), Applied Behavior Therapy, Audiology Services, Physical Therapy, Occupational Therapy, Speech-Language Pathology Services, Psychological Services, Orientation and Mobility, and Nursing Services for Children Under 21.

D.

- 1) SCDHHS has the option to conduct an onsite or desk QA review of selected providers in order to assess the quality of Medicaid-related services and each Provider's adherence to Medicaid policy and procedure.
- 2) SCDHHS agrees that all arrangements for onsite QA review shall be made directly with the Provider.
- 3) SCDHHS agrees that each onsite QA review shall consist of the following components:
 - i. Examination of a random sample of the Provider's records. This sample must be representative of the above-referenced rehabilitative services being rendered by the Provider and must include at least five (5) records per service.
If applicable:
 - ii. An interview of the appropriate Provider staff regarding Medicaid policy and procedure, quality of service issues, and technical assistance needs.
 - iii. An exit conference with appropriate staff to discuss findings and suggest corrective actions as appropriate.
- 4) Within sixty- (60) days of completion of each QA review, SCDHHS shall submit to the provider a written summary of findings and recommendations. At the request of either agency, an information conference may take place prior to / after the written report is sent to the provider.
- 5) As necessary, SCDHHS shall require that the provider submit to the SCDHHS a Corrective Action Plan, in response to the QA review findings, within forty-five (45) days of receipt of the review summary.